



AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection

HC 2 South, 280 State Drive

Waterbury, VT 05671-2060

<http://www.dail.vermont.gov>

Survey and Certification Voice/TTY (802) 241-0480

Survey and Certification Fax (802) 241-0343

Survey and Certification Reporting Line: (888) 700-5330

To Report Adult Abuse: (800) 564-1612

January 3, 2019

Ms. Rosemarie Provetto, Manager
Pillsbury Manor - South
20 Harbor View Road
South Burlington, VT 05403-7850

Dear Ms. Provetto:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **November 6, 2018**. Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

A handwritten signature in black ink, appearing to read "Pamela M. Cota".

Pamela M. Cota, RN
Licensing Chief

PRINTED 11/16/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES
AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER

0149

(X2) MULTIPLE CONSTRUCTION

A. BUILDING _____

B. WING _____

(X3) DATE SURVEY
COMPLETEDC
11/06/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PILLSBURY MANOR - SOUTH

20 HARBOR VIEW ROAD
SOUTH BURLINGTON, VT 05403(X4) ID
PREFIX
TAGSUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL
REGULATORY OR LSC IDENTIFYING INFORMATION)ID
PREFIX
TAGPROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY)(X5)
COMPLETE
DATE

R100 Initial Comments.

R100

An unannounced on site survey was completed by the Division of Licensing and Protection on 11/6/18. The purpose of the survey was to investigate a facility mandated report and 2 complaints. The following regulatory violations are related to the complaints

R104 V RESIDENT CARE AND HOME SERVICES
SS=F

R104

5.1 Admission

5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy.

(1) In addition to general resident agreement requirements, agreements for all ACCS

1. The financial team is starting the process of creating monthly invoices. The Receiver and the financial team are actively working on producing invoices for all current residents and any former residents for whom this is relevant
2. A process has been put in place under the direction of the Receiver, whereby resident monthly statements for December 2018 will be issued by December 31, 2018
3. Resident monthly billing statements for months prior to December 2018 will be issued by January 31, 2019.
4. Going forward, the Executive Director and the financial team will be available for residents to review their financial records.
5. The Executive Director will monitor for compliance weekly x 4, then monthly thereafter and ongoing.
6. Compliance will be completed by 1/31/2019

R104
POC accepted
12/11/18 May Potter, RN

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

Rosemarie Provetto RN Dir of Nursing / Screening
12/3/18

PRINTED: 11/16/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 0149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/06/2018
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PILLSBURY MANOR - SOUTH

20 HARBOR VIEW ROAD

SOUTH BURLINGTON, VT 05403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

R104 Continued From page 1

R104

participants shall include the
ACCS services, the specific room and board rate,
the amount of personal needs allowance and the
provider's agreement to accept room and board
and Medicaid as sole payment

This REQUIREMENT is not met as evidenced
by:

Based on multiple reports from residents of the
the facility, the facility has failed it's fiduciary duty
to comply with the terms of the admission
agreements to all current residents of the facility,
by failing to bill monthly for rent and
miscellaneous charges for each resident's
apartment and agreed upon care and services
This regulatory violation affects all residents
and/or their legally responsible financial parties
Findings include:

Per interviews with facility residents and staff, the
facility licensee has failed to adhere to the terms
of their Admission Agreements for all current
residents. The facility has failed to send all
residents a monthly bill of the amount owed for
rent and miscellaneous charges every month, as
stated in the written terms of the signed
admission agreements. This failure to comply
with the agreement also violates each resident's
right to review their financial records upon
request. The facility licensee has not explained in
writing to all residents the reasons for their failure
to comply with the terms of each admission
agreement and this issue is causing significant
distress to residents and/or their legally
responsible parties. Per interviews with residents
who wished to be anonymous on 11/5/18, they
were "very upset" and concerned that they have
not been billed for any months since the March,
2018. No bills have been received for April, 2018

PRINTED: 11/16/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/06/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

PILLSBURY MANOR - SOUTH

20 HARBOR VIEW ROAD
SOUTH BURLINGTON, VT 05403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
--------------------------	--	---------------------	--	--------------------------

R104 Continued From page 2

R104

to the present month, November, 2018. There are no facility staff employed at the facility to facilitate responses to questions the residents may have regarding their financial records and monthly billing history.

*This is a repeat violation, as the facility was previously found to be out of compliance with this requirement on 8/15/18 and 10/3/18.

R223 VI RESIDENTS' RIGHTS
SS=F

R223

6.11 The resident has the right to review the resident's medical or financial records upon request.

This REQUIREMENT is not met as evidenced by:

Based on interview and record review, the facility has failed to assure that each resident has the right to review their financial records upon request and that current residents had staff available for assisting with this right. This practice has the potential to affect all residents of the facility. Findings include:

Per information received from residents of the facility, the facility licensee has failed to assure access to the financial records of each resident. As of the complaint survey completed on 11/6/18, the facility had continued to fail to fulfil the terms of the resident admission agreements by failing to bill for their monthly rent and services. During interview with residents who wished to be anonymous on 11/5/18, they were very distressed at the lack of bills received; they said the last

1. The financial team is starting the process of creating monthly invoices. The Receiver and the financial team are actively working on producing invoices for all current residents and any former residents for whom this is relevant.
2. A process has been put in place under the direction of the Receiver, whereby resident monthly statements for December 2018 will be issued by December 31, 2018.
3. Resident monthly billing statements for months prior to December 2018 will be issued by January 31, 2019.
4. Going forward, the Executive Director and the financial team will be available for residents to review their financial records.
5. The Executive Director will monitor for compliance weekly x 4, then monthly thereafter and ongoing.
6. Compliance will be completed by 1/31/2019.

R223
PAC accepted 12/11/18
my [signature]

PRINTED 11/16/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/06/2018
---	---	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PILLSBURY MANOR - SOUTH

20 HARBOR VIEW ROAD
SOUTH BURLINGTON, VT 05403

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

R223 Continued From page 3

R223

monthly bill received was for the month of March, 2018. The facility currently has one business office employee available for the facility and they did not have any information regarding resident billing practices/processes. S/he had stated that the employee who used to oversee that area had resigned recently and there was no replacement staff available to facilitate a review of financial records if any resident of the facility wished to review these records.

* This is a repeat violation from the survey of 10/3/18.

R238 VII NUTRITION AND FOOD SERVICES
SS=F

R238

7.1.a. (7) The home shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus.

This REQUIREMENT is not met as evidenced by.

Based on observation and staff interviews, the facility failed to maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus. The lack of some menu items had the potential to affect all residents of the facility. Findings include

Per observations in the facility's kitchen at 10 AM on 11/5/18, and confirmed by interview with the FSD (Food Service Director), the facility had not received any food deliveries from their major food service provider since 10/30/18 and they did not have sufficient food supplies on hand to meet the menus for the current week. S/he stated that many vendors were no longer delivering foods due to a lack of timely payment.

1. No residents were harmed by the potential of food shortages at the facility.
2. A meeting with the FSD and Executive Director occurs 2 x/weekly to review food supply.
3. The FSD will monitor vendor payments for timeliness.
4. The Executive Director will report to the Receiver, for payments due to vendors.
5. The Executive Director will monitor for compliance weekly.
6. The Receiver will pay all vendors by November 28, 2018 and timely payments will be ongoing.
7. Compliance is completed by 11/28/18.

*R238 PIC
accepted 12/11/18
May Bolter, MD*

Division of Licensing and Protection
STATE FORM

LX111

If continuation sheet 1 of 1

PRINTED: 11/16/2018
FORM APPROVED

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0149	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 11/08/2018
NAME OF PROVIDER OR SUPPLIER PILLSBURY MANOR - SOUTH		STREET ADDRESS, CITY, STATE, ZIP CODE 20 HARBOR VIEW ROAD SOUTH BURLINGTON, VT 05403	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
R238	Continued From page 4	R238	
	<p>The FSD stated that he had supplies to meet the menus for 11/5/18 - 11/6/18, but was lacking some foods for Wednesday's menu as written. A tour of the dry foods pantry on 11/5/18 showed 1 and 1/2 days worth of bread product, and including emergency supplies, a total of 2-3 days worth of foods on hand, including refrigerated and frozen foods. The FSD stated that he was able to obtain some facility money from the petty cash account to buy chicken and ground beef at a local store to cover the previous weekend's menu. S/he said that he had requested additional funds to replenish the petty cash, as there was approximately only \$200.00 left.</p> <p>S/he confirmed that the main food purveyor had placed the facility on a 'stop' order status, meaning that no orders could be placed until a payment was made. This is the same situation that existed during the previous survey completed on 10/3/18. The cook on duty in the kitchen on 11/5/18 stated that he had to substitute sole for the fish entree for the noon meal, as they did not have any cod, as stated on the menu.</p> <p>The FSD confirmed that the stress of the inability to order foods to meet the menu and meal requirements of the residents was taking a toll on the dietary staff; one staff person had resigned and another had given notice.</p> <p>*This is a repeat violation from the survey of 10/3/18.</p>		

Division of Licensing and Protection
STATE FORM

L1X111

If continuation sheet 5 of 5